

Application Data Sheet**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	MAP CREATION DEVICE AND NAVIGATION DEVICE
Attorney Docket Number::	8091-1004
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	15
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: SHUNICHI  
Middle Name::  
Family Name:: KUMAGAI  
Name Suffix::  
City of Residence:: KAWAGOE-SHI  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing C/O PIONEER CORPORATION, KAWAGOE WORKS  
Address:: 25-1, AZA-NISHIMACHI, YAMADA, SAITAMA  
City of Mailing Address:: KAWAGOE-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 350-8555

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: HAJIME  
Middle Name::  
Family Name:: ADACHI  
Name Suffix::  
City of Residence:: TSURUGASHIMA-SHI  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing C/O CORPORATE RESEARCH AND DEVELOPMENT  
Address:: LABORATORY OF PIONEER CORPORATION  
1-2, FUJIMI 6-CHOME, SAITAMA

City of Mailing Address:: TSURUGASHIMA-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 350-2288

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: REIJI  
Middle Name::  
Family Name:: MATSUMOTO  
Name Suffix::  
City of Residence:: TSURUGASHIMA-SHI  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing C/O CORPORATE RESEARCH AND DEVELOPMENT  
Address:: LABORATORY OF PIONEER CORPORATION  
1-2, FUJIMI 6-CHOME, SAITAMA  
City of Mailing Address:: TSURUGASHIMA-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 350-2288

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: TAKUYA  
Middle Name::  
Family Name:: HIROSE  
Name Suffix::  
City of Residence:: KAWAGOE-SHI  
State or Province of  
Residence::

Country of Residence:: JAPAN  
Street of Mailing C/O PIONEER CORPORATIONKAWAGOE WORKS  
Address:: 25-1, AZA-NISHIMACHI, YAMADA, SAITAMA  
City of Mailing Address:: KAWAGOE-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 350-8555

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: MASAYOSHI  
Middle Name::  
Family Name:: SUZUKI  
Name Suffix::

City of Residence:: KAWAGOE-SHI  
State or Province of  
Residence::

Country of Residence:: JAPAN  
Street of Mailing C/O PIONEER SYSTEM TECHNOLOGIES  
Address:: CORPORATION  
SAITAMA WORKS, 25-1, AZA-NISHIMACHI,  
YAMADA, SAITAMA

City of Mailing Address:: KAWAGOE-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 350-8555

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
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Number::	
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/JP2005/005419	3/24/05

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
JAPAN	2004-104301	3/31/04	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::